

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>3/22/07</u>		2 Serial/Patent # <u>09917038</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
✓	Notice of Appeal/Appeal			\$							
✓	Petition	12	5/2/06	\$ 1400.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 1400.00							
10 REASON:		8 TO BE REFUNDED BY:									
✓	Overpayment	✓	Treasury Check								
	Duplicate Payment		Credit Deposit A/C #:								
	No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>3</td><td>--</td><td>2</td><td>4</td><td>6</td><td>8</td></tr></table>		0	3	--	2	4	6	8
0	3	--	2	4	6	8					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pets Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>23206</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE-USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>3/29/07</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Document Code: IMIS

Notice of Fee Due

Date: 05-23-06

Application Number: 09 917038

A fee is due for the attached document for the reason indicated below. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee*. If an authorization is not present, notify the application of the fee deficiency.

*If the fee due is for any of the filing fees, check for authorization to charge the surcharge. If authorization is present, charge the surcharge for late payment of the filing fees as well.

- ☐ Insufficient payment by check or money order.
- ☐ Insufficient funds in deposit account _____.
- ☐ Insufficient payment by credit card.
- ☐ Declined credit card.
- ☒ No authorization to charge a deposit account.

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OFFICE OF PETITIONS

Fee code(s) to be applied:

2653 750

Amount in holding fee code:

1622

2622

1999

650

Total remaining due from applicant:

100

RAM Operator CM